IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE: 1	11/12/2006			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 11/14/2006 FINANCIAL PAYER: NCDMH				
				THROTTE TITEN. NORTH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404901	SMOKY MOUNTAINM	11	1143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	H/DD/SAS							
		0505	C10	CLAIM DENIED DUE TO INSUFFICIE				
		8505	612	NT BUDGET	8	2212	2525	313
		8599	271	DETAIL NOT COVERED BY COMBINAT				
		0399	2/1	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904		191	5	CLIENT ID NUMBER DOES NOT MATC				
	WESTERN HIGHLAN DS LME	191	5	H PATIENT NAME				
	55 242							
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0	10	5243	5233
				DIAGNOSIS, PROCEDURE CODE FOR				
	-	8536	2	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR		1		-
3404910	PATHWAYS	11	219	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
		8599	202	DETAIL NOT COVERED BY COMBINAT	86	586	4515	3929
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	67	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	8621	30	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8622	29	60 RESIDENTIAL LEVEL II TREATM	0	59	235	176
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404913	MECKLENBURG COM	8518	13	CLAIM DENIED, SUBMITTED BEYOND				
	ENTAL HEALT			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		0	0		0	13	14	1
						13		_
3404916	CROSSROADS BEHA	8518	104	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	VIORAL HEAL			FISCAL YEAR DOS (JULY 1 - JUNE				
		3411	4	PROVIDER TYPE AND SPECIALTY 07	0	114	1520	1406
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D		1		-
	-	143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		1		SALUTBIBLI FIRE				
3404917	CENTERPOINT HUM	8599	231	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENETI FACRAGE.		<del>                                     </del>		
		537	64	PROCEDURE IS NOT COVERED FOR T	18	650	5079	4429
				HIS DATE OF SERVICE				
						1		-
		143	39	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404919	CUITI PORD CO MEN	8599	128	DETAIL NOT COVERED BY COMBINAT				
	GUILFORD CO MEN TAL HEALTHC	1		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE			***	
		1	-	RVICES IN IPRS.	41	235	3001	2766
		3412	34	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
	<u></u>					1		

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	2020	DENTILO	DEGOTETION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8505	3997	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	220	DETAIL NOT COVERED BY COMBINAT				
		0333	220	ION OF RECIPIENT, PROVIDER AND	:	4517	9778	5261
				BENEFIT PACKAGE.				
		8534	61	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404921	onavon nengov o	11	649	CLIENT NOT ELIGIBLE ON SERVICE				
	ORANGE PERSON C HATHAM AREA			DATE				
	***************************************							
		669	268	OTHER DIAGNOSIS CODE 3 IS INVA	-	1955	6731	4776
				LID				
		143	182	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404922	THE DURHAM CENT	191	173	CLIENT ID NUMBER DOES NOT MATC				
	ER			H PATIENT NAME				
		8599	164	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND	1:	995	8683	7688
				BENEFIT PACKAGE.				
		21	150	DUPLICATE OF CLAIM-SYSTEM				
3404923		11	389	CLIENT NOT ELIGIBLE ON SERVICE				
3101323	FIVE COUNTY MH		303	DATE				
		8536	70	ATTENDING PROVIDER TYPE AND SP	(	565	2042	1477
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8518	37	CLAIM DENIED, SUBMITTED BEYOND				
			-	FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404925	SANDHILLS CENTE	120	135	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AS A NEW CLAIM				
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE	10		0070	7605
				RVICES IN IPRS.	19	687	8372	7685
		8599	114	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1		
			+	BENEFIT FROMBE.				
	+		+	+		+		
3404926	SOUTHEASTERN RE	8518	986	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL			FILING TIMELIMIT. PRIOR		<u> </u>		L
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	240	DUPLICATE OF CLAIM-SYSTEM				
		21	340	DUPLICATE OF CLAIM-SYSTEM	11	1595	4463	2868
	+		+	+		+		
		8599	164	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND		<u> </u>		L
				BENEFIT PACKAGE.				
				OLYTH DENIED GRANTAGED DEN				
2404007		0.51.0		CLAIM DENIED, SUBMITTED BEYOND		1	1	
3404927	CUMBERLAND CO M	8518	190					
3404927	CUMBERLAND CO M	8518	190	FILING TIMELIMIT. PRIOR				
3404927		8518	190					
3404927		8518 8599	14	FILING TIMELIMIT. PRIOR		) 212	2106	1974
3404927				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		212	2186	1974
3404927				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT		212	2186	1974
3404927		8599		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		212	2186	1974
3404927				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	(	212	2186	1974

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	23	65	SERVICE REQUIRES PRIOR APPROVA				
	MNTL HLTHC			L				
		10	40	DIAGNOSIS OR SERVICE INVALID F	20	160	4000	384
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	30	DETAIL NOT COVERED BY COMBINAT				
		0000	50	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	8599	52	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	30	CLIENT NOT ELIGIBLE ON SERVICE	0	96	153	5
				DATE				
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
2404022		0510	E 2	CLAIM DENIED, CUDMITTED PRIVATE				
3404933	SOUTHEASTERN CT	8518	J /	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	R FOR MH/DD							
				FISCAL YEAR DOS (JULY 1 - JUNE				
	+	120	9	CLIENT ID NUMBER MISSING OR IN				
		120	3	VALID. ENTER CID AND SUBMIT	0	84	1281	119
				AS A NEW CLAIM				
		8599	8	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8534	352	SERVICE FACILITY LOCATION IS N				
	BEHAV HEAL			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8518	105	CLAIM DENIED, SUBMITTED BEYOND	0	673	1165	492
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8535	55	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
		U	U		0	0	0	- 1
3404936	WILSON-GREENE M	79	4	THIS SERVICE IS NOT PAYABLE TO				
	WILSON-GREENE M ENTAL HEALT			YOUR SUBMITTED BILLING				
	DATAB HEAD!			PROVIDER TYPE AND SPECIALTY IN				
		0	0		0	A	2263	225
					0	4	2203	223
3404937	EDGECOMBE NASH	8518	7	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	4	DUPLICATE OF CLAIM-SYSTEM	0	11	851	841
3404939	NEUSE MENTAL HE	5404	18	SEVERE DUPLICATE: SAME ATTO PR				
	ALTH CENTER			OV/PCODE/TOS/DOS/MOD				
		0500	14	DEMAIL MOR COMPANY DV COMPANY				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	46	946	90
				BENEFIT PACKAGE.				
				DENDIII FACIAGE.				
	+	191	6	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				

PROVIDER			Т					
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
				DEGOD TREE ON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	8518	2158	CLAIM DENIED, SUBMITTED BEYOND				
	AS CENTER			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	649	SERVICE FACILITY LOCATION IS N	0	3088	4820	1732
			1	OT A VALID IPRS ATTENDING				
			+	PROVIDER. PLEASE VERIFY THE F				
			+					
		8536	99	ATTENDING PROVIDER TYPE AND SP				
		0000		ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
	ROANOKE CHOWANH	11	11	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		8518	6	CLAIM DENIED, SUBMITTED BEYOND	0	24	372	348
			+	FILING TIMELIMIT. PRIOR			372	310
			+	FISCAL YEAR DOS (JULY 1 - JUNE				
			-					
	+	7.0	2	THIS SERVICE IS NOT PAYABLE TO		-	-	
	+	79	7		-	-	<del></del>	
			<u> </u>	YOUR SUBMITTED BILLING				
	1			PROVIDER TYPE AND SPECIALTY IN		1		
3404943	ALBEMARLE MENTA	21	163	DUPLICATE OF CLAIM-SYSTEM			]	
	L HEALTH CE		T					
			1				1	
			+					
	+	8536	24	ATTENDING PROVIDER TYPE AND SP		213	508	295
			+	ECIALTY COMBINATION IS NOT	1	213	508	293
				VALID FOR SUBMITTED BILLING PR				
				VIIII TON COMMITTED DIDDING IN				
		20	10	MUTO OPPUTOR TO NOW DAVIDED TO				
		79	12	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8599	75	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES		1	ION OF RECIPIENT, PROVIDER AND				
	N JERVICES		+	BENEFIT PACKAGE.				
			+					
		10	38	DIAGNOSIS OR SERVICE INVALID F				
		10	- 50	OR CLIENT AGE. VERIFY CID,	2	179	6101	5922
				DIAGNOSIS, PROCEDURE CODE FOR				
		8518	19	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
			1					
3404946	FOOTHILLS AREAM							
3404946		3411	197	PROVIDER TYPE AND SPECIALTY 07				
		3411	197	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	ENTAL HEALT	3411	197	4/113 CANNOT BILL ENHANCED				
		3411	197					
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	197	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT	C	364	3959	3595
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C	364	3959	3595
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT	0	364	3959	3595
		8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	364	3959	3595
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C	364	3959	3595
		8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	364	3959	3595
		8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	364	3959	3595
		8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	364	3959	3595
3404957	ENTAL HEALT	8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	364	3959	3595
3404957	ENTAL HEALT	8599 5308	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE D  CLAIM DENIED, SUBMITTED BEYOND	0	364	3959	3595
3404957	ENTAL HEALT	8599 5308	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT, PRIOR	C	364	3959	3595
3404957	ENTAL HEALT	8599 5308	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE D  CLAIM DENIED, SUBMITTED BEYOND	C	364	3959	3595
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	C			
3404957	ENTAL HEALT	8599 5308	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT	C	364		
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C			
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT	0			
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C			
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C C			
3404957	ENTAL HEALT	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE	8			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599	76	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	C C			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND	8			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	C			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND	8			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599 8931	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ANTINC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	8			
	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PRIOR AUTHORIZED UNITS EXCEEDE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	8		1115	1019
3404957	ENTAL HEALT  TIDELAND MENTAL  HEALTH CTR	8599 5308 8518 8599 8931	76	4/113 CANNOT BILL ENHANCED  BENEFIT SERVICES ON OR AFTER D  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FRIOR AUTHORIZED UNITS EXCEEDE  D  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ANTINC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	G G	96	1115	1019